

INDEX CARD

Date of Superannuation _____

Govt. of NCT of Delhi

Health and Family Welfare Deptt.

DELHI GOVT. HEALTH SCHEME

1. Name of Govt. Employees : _____
(In full and block letters)

2. Deptt./Office in which employed : _____

3. Residential Address : _____

4. Nearest Delhi Govt. Dispensary/ Hospital : _____

5. Details of family members : _____

Name	Date of Birth	Relationship	Name	Date of Birth	Relationship

I hereby declare that :-

- (a) My father / mother namely ____
Is / are wholly / mainly dependent upon me and that he / she/ they normally
residing with me in ____
_____. The total monthly income
of my father / mother does not exceed my pay plus dearness pay (where
applicable) and that it does not also exceed Rs. 500/- per month.
- (b) My son / brother ____
age ____ years is unemployed wholly dependent on me.
- © My daughter / sister ____ age
years is unmarried / unemployed and wholly dependent on me.
- (c) I undertake to surrender the Identity Card on my leaving the Deptt./office on
transfer / retirement / termination of service, resignation etc.

Signature / Thumb Impression of Government Employee.

Dispensary _____

Signature / Thumb Impression of Government Employee.

Date on which Identity Card Issued _____
Certified that Index / Identity Cards has / have been scrutinized by the issuing
Authority and correctly issued in accordance with the rules and orders issued by
the Deptt. Of Health & Family Welfare.

OFFICE STAMP

SIGNATURE & DESIGNATION OF
ISSUING AUTHORITY

PROFORMA FOR OPTION

I, _____, hereby opt the Scheme for providing medical facilities to the employees/ pensioners of Delhi Govt. w.e.f _____.

I do not opt the Scheme as my wife/husband is a member of C.G.H.S. She/ He will avail medical facilities under C.G.H.S. and he / she will get re-imbursement of Medical treatment in respect of family for special treatment.

My wife / husband is employed / not employed in Govt. Department at _____. She/ He will not get the reimbursement of special treatment from her/his employer.

The contribution @ Rs. _____ p.m. may be deducted from my salary for the month of _____ onwards.

Signature _____

Name _____

Designation _____

Branch/Deptt. _____